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APPLICANTS

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/952,116 09/10/2001 PAT 6,663,558  
 which is a CON of 09/634,043 08/08/2000 PAT 6,702,732  
 which claims benefit of 60/188,282 03/10/2000 *Yes*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

*none done 5/10/04*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
**\*\* 05/11/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 32	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>		

ADDRESS  
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TITLE  
 Expandable cardiac harness for treating congestive heart failure

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
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